

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	??		6-22-00
O.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	857	7/16/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

+ _____ Rejected
 - _____ Allowed
 (Through numbers) _____ Cancelled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 100 claims or 10 actions
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